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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 08/975,329 11/20/1997 ABN
 which claims benefit of 60/031,945 11/27/1996

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/16/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature Initials	NY	5	28	3

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TITLE
 Antibody mutants

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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